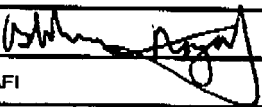


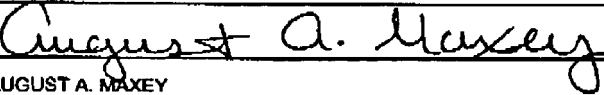
PTO/SB/21 (09-04)  
Approved for use through 07/31/2008. OMB 0651-0031  
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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/768,553
	Filing Date	02/02/2004
	First Named Inventor	ROBERTA A. STAATS
	Art Unit	2859
	Examiner Name	TANIA C. COURSON
	Attorney Docket Number	CMB845
Total Number of Pages in This Submission		2

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
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<input type="checkbox"/> Affidavits/declaration(s)	<input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	
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<input type="checkbox"/> Reply to Missing Parts/Incomplete Application	<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	LAW OFFICE OF ASHKAN NAJAFI, PA	
Signature		
Printed name	ASHKAN NAJAFI	
Date	08/10/2005	Reg. No. 49,078

CERTIFICATE OF TRANSMISSION/MAILING			
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Typed or printed name	AUGUST A. MAXEY	Date	08/10/2005

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PTO/SB/83 (04-05)

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**REQUEST FOR WITHDRAWAL  
AS ATTORNEY OR AGENT  
AND CHANGE OF  
CORRESPONDENCE ADDRESS**

Application Number	10/788,553
Filing Date	02/02/2004
First Named Inventor	ROBERTA A. STAATS
Art Unit	2859
Examiner Name	TANIA C. COURSON
Attorney Docket Number	CBM845

**To: Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450**

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the attorneys/agents of record.
- ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☒ the attorneys/agents associated with Customer Number 34356

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are: PATENT HAS BEEN GRATED. LEGAL SERVICES HAVE BEEN RENDERED PER CLIENT'S ENGAGEMENT LETTER.

**CORRESPONDENCE ADDRESS**

1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☒ Change the correspondence address and direct all future correspondence to:

☐ The address associated with Customer Number: 

OR

☒ Firm or Individual Name ROBERTA A. STAATS

Address 28385 JELLOWAY ROAD

City DANVILLE State OH Zip 43014

Country USA

Telephone

Email

Signature

Name ASHKAN NAJAFI

Registration No. 49,078

Date 08/10/2005

Telephone No. 904-298-0055

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

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